

I am pleased to provide an update on our activities to advance the development of the NaviSci™ System for the precise surgical resection of early-stage lung and other soft tissue cancers. We have reached two important milestones, an FDA Pre Submission meeting in March and, on May 7, the first presentation of our clinical trial to the thoracic surgical community.

### FDA Pre-submission Meeting

In March, we met with the FDA for a Pre Submission meeting, which provided an opportunity to present our data and receive feedback from the Agency on the regulatory path and the proposed predicate for our product. The panel achieved those goals and clarified the development and regulatory pathway for FDA clearance. Based on feedback from the meeting, we will provide a Pre Submission Supplement that will include protocols for non-human in vivo and ex vivo studies.

### Clinical Trial Poster Presentation

On May 7, at the American Association for Thoracic Surgery (AATS) annual meeting, the results of our clinical trial were reported in a poster presentation. The AATS is the most prestigious thoracic surgery meeting in the U.S., and the poster provided the first opportunity to share the trial results with the thoracic surgical community. The study was presented by the trial's principal investigator, Scott Swanson, M.D., Director of Minimally Invasive Thoracic Surgery at Brigham and Women's Hospital and Associate Chief of Surgery at the Dana-Farber/Brigham and Women's Cancer Center.



### LSI Emerging Medtech Summit

The company presented to investors and strategic partners in March at the LSI EMERGING MEDTECH SUMMIT. The presentation was well received and resulted in several contacts with prospective investors and partners, which we are following up on. You can view the presentation [here](#).

### Entering the Era of “Precision Cancer Surgery”

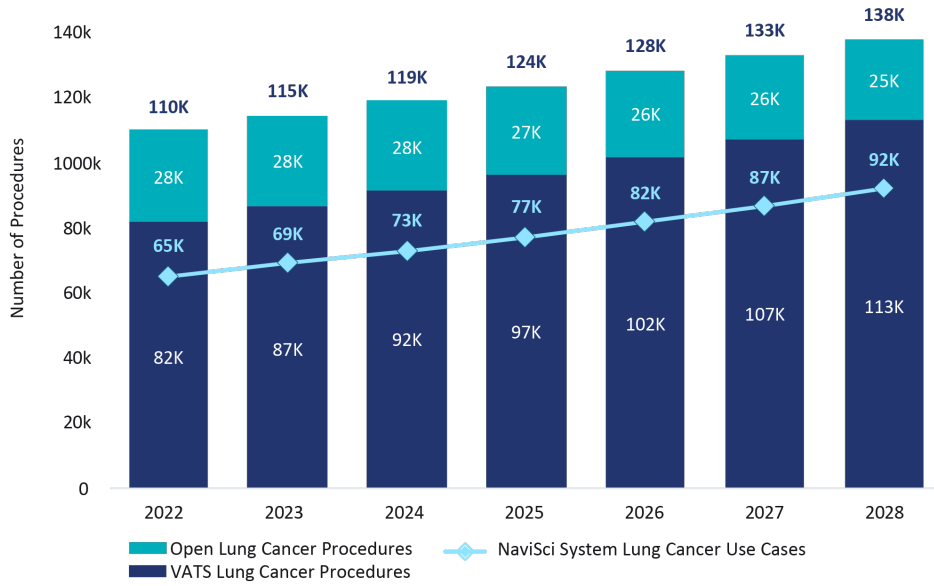
There is a confluence of events and data supporting a growing opportunity for the NaviSci System, including increasing diagnoses of early-stage lung tumors and tissue-sparing surgery. Most recently, a major prospective study published in the Feb. 9 issue of the [New England Journal of Medicine](#) (NEJM) found long-term survival in early-stage (Stage 1) patients undergoing tissue sparing wedge resections or segmentectomies was comparable to patients who received full lobectomies. The study also found that six months post-resection, lung function favored patients who had tissue sparing surgery. A separate study in Japan comparing lobectomy with segmentectomy reported similar results. An editorial accompanying the NEJM study, [“Initiating the Era of Precision Lung Cancer Surgery,”](#) declared, “these two trials are practice changing because they establish sublobar resection as the standard of care for a select group of patients with NSCLC [non-small cell lung cancer].”



The evidence supporting tissue sparing surgery comes as the use of minimally invasive Video-Assisted Thoracoscopic Surgery (VATS) techniques such as the NaviSci System is increasing. According to a recent study in [Clinical Lung Cancer](#), the number of lung cancer cases diagnosed at Stage 1 or 2 has been increasing to the point where surgical treatment can produce long-term, positive outcomes. In 2017, 40% of patients diagnosed were Stage 1 and 2. From 2022 to 2028, Stage 1 and Stage 2 diagnoses are expected to grow from 37% to 67% of diagnosed nodules, driven by a 6.5% CAGR of Stage 1 diagnoses, based on industry and Navigation Sciences' data.

These trends underlie our enthusiasm for the NaviSci System's opportunity. According to Navigation Sciences and industry data, by 2028, approximately 85 percent (92,000) of 138,000 VATS procedures will be addressable by the Navigation Sciences' NaviSci System.

### US Lung Cancer Surgical Procedure Breakdown with Addressable Uses for NaviSci System



As always, thank you for your continued support.

Sincerely,  
Alan



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